



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	07/09/2021 17:14 (SGT)
Date of Accident	06/09/2021 18:10 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SELETAR EXPRESSWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4717P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHUANG SHIRONG
NRIC No	SXXXX528G
Email Address	TERRY22R82@GMAIL.COM
Mobile Phone No	(Phone) +65-93399287
Alternative Phone No	(Home) +65-93399287

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1798

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117735284-01
Cover Note Number	-

#### DRIVER

Name of Driver	ZHUANG SHIRONG
NRIC No	SXXXX528G



Date Of Birth	10/11/1982
Occupation	Indoor
Date Of Driving Pass	02/10/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93399287
Alt. Phone Number	(Home) +65-93399287
Email Address	TERRY22R82@GMAIL.COM
Address	BLK 608B TAMPINES NORTH DR 1
Address complement	#06-316
Postcode	522608
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT AVAILABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT1661B
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LOKE ZHI YONG
NRIC No	SXXXX011J
Contact Number	(Phone) +65-94872872
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	ZHUANG ZHIRONG
Gender	Male
Phone No	(Phone) +65-93399287
Address	BLK 608B TAMPNES NORTH DR 1
Address Complement	#06-316
Post Code	522608
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJY4717P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**IMPORTANT NOTICE**

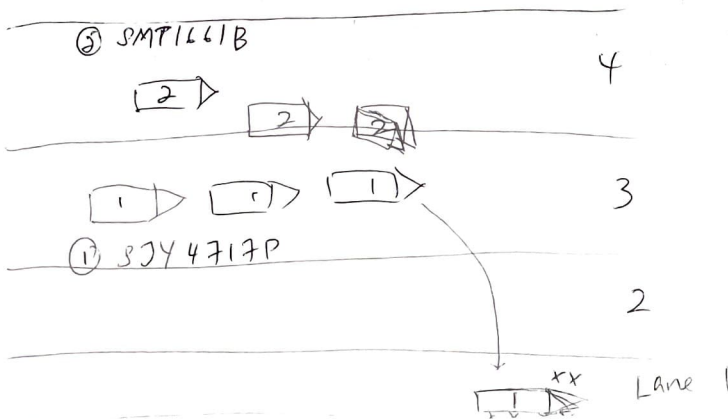
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
 (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
 (ii) investigating the accident and/or my claims;  
 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
 (collectively the "Purposes")  
 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
 (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



On date 6th Sept at 10:00 hrs estmally I was driving along JLE towards  
TPE at Lenter Phover. I was driving straight in Lane 3. Suddenly  
a Car SMT1661B in Lane 4 - On my left hand cut into my lane  
and collide with my car causing my car to shift & cut to lane 1  
and hit the safety barrier.


I was driving normally on my lane as shown in my Car Camera  
footage. I wish to declare that the abrupt collision from SMT1661B  
into my car was a huge impact from his dangerous driving  
and swing to my lane.

Immediately, there was 2 touts who came over to push  
me to go to their workshop and I suspected that they  
might be involved in the accident. They have hand me their Name Card  
- Jay Lin. & Transwork garage.  
I suffered injuries on my shoulder, Neck and leg.

I was driving alone in my car and it was not running.

### Declaration

I/We declare the foregoing particulars are true in every respect

 07th Sept.  
Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 16:19	Vide Report No.:	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: ZHUANG ZHIRONG			Address: APT BLK 608B TAMPINES NORTH DRIVE 1 #06-316 SINGAPORE 522608		
ID Type / ID No.: NRIC NO / S8237528G			Contact No.: Home/Office: Mobile: 93399287		
Nationality: SINGAPORE CITIZEN			Email: terryzr82@gmail.com		
Sex: Male	Age: 38	Date of Birth: 10/11/1982	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OPERATIONS MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2021 18:10	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY4717P	Car	TOYOTA	WISH 2.0 AUTO	Green	Seriously Damaged	0
SMT1661B	Car	TOYOTA	SIENNA HYBRID 1.5	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY4717P	NTUC Income Insurance Co-Operative Limited	5117735284-01	06/09/2021	05/09/2022





**SINGAPORE  
POLICE FORCE**



T/20210907/2075

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Report No. T/20210907/2075

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

**CONTINUATION OF REPORT**

**Brief Details.**

On 06/09/2021 @ 6:09pm I was driving along SLE towards TPE at a travelling speed of about 70km/h and just slightly after Exit 3 a car collided onto my left side near the passenger door. I then lost control and swerved from lane 3 to lane 1 and my car crashed into the divider. I became unconscious for a moment until I opened my eyes and tried to exit my car as I saw smoke coming out of my hood. The door on my side was unable to open due to it being block by the divider and I quickly got out of my car from the passenger side. I then called 999 for assistance, however they mentioned that since there was no serious injuries they would not dispatch any traffic police to scene and instead an LTA Office came to scene to assist me.

Afterwards some other drivers came forward to check on my however I mentioned that I was ok and do not need their help. EMAS then came and towed my vehicle to the road shoulder. I had met up with the other party (Loke Zhi Yong HP: 94872872). We then headed to Ang Mo Kio Industrial Park to check on my vehicle. We then exchanged particulars there and he headed off as he was rushing and told me to do insurance claims.

I then saw a doctor on the next day and had attained a 3 day MC from 07/09/2021-09/09/2021 as I suffered from some abrasions and soreness in my neck.

I am making this police report for insurance claims against the other party for dangerous driving and swerving to my lane.



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210907/2075

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
G /

Sgt 2 DARREN LAM KANG JUN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

07/09/2021 16:19

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151



SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE